

STATE OF CALIFORNIA  
**PEST CONTROL BROKER LICENSE  
RENEWAL APPLICATION**

PR-PML-190 (REV. 1/06)  
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DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH  
LICENSING AND CERTIFICATION PROGRAM  
1001 I STREET  
SACRAMENTO, CALIFORNIA 95814-2828  
(916) 445-4038  
FAX - (916) 445-4033  
Web site: <http://www.cdpr.ca.gov/>

☐ Name Change      ☐ Address Change

Business License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

IMPORTANT - PLEASE READ  
COMPLETE ALL INFORMATION FOR EACH LOCATION AND THE RENEWAL INFORMATION REQUIREMENTS

**License Information.**

Main/Branch License Number	City	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare under penalty of perjury, under laws of the State of California, that the above information provided by me is true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT

PROBLEM

RENEWED

DATA ENTRY

RC

**Instructions on reverse**

## PESTICIDE BROKER LICENSE RENEWAL APPLICATION INSTRUCTIONS

### **RENEWAL TIMELINE**

Renewal timelines have been established to help determine when you may expect to receive your license or certificate based on the date the Licensing and Certification Unit received your renewal application. Renewal timelines are posted on the Department of Pesticide Regulation's (DPR's) web site.

**CHECK LIST:** This list will help ensure that your renewal application is completed in full prior to mailing.

- ☐ **Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

*Licenses are not transferable. In the case of change of business organization or ownership, a new application is required. If you had a change in ownership or partners or have incorporated, contact us.*

- ☐ **Declaration/Signature.** Sign, title and date the renewal application form.
- ☐ **Mail.** Send the completed renewal application form and all required documents in the enclosed envelope addressed to: Pest Management and Licensing Branch, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

**Questions?** Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

**Failure to complete or provide the requested information may delay the processing of your application.**